



State of New Hampshire
Board of Pharmacy
121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

RENEWAL FEE:

\$50.00

NO CASH – CHECK OR MONEY
ORDER PAYABLE TO:

Treasurer, State of New Hampshire

PHARMACY TECHNICIAN REGISTRATION RENEWAL FORM

April 1, 2015 – March 31, 2016 Registration Period

ALL SECTIONS MUST BE COMPLETED. ILLEGIBLE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FORM FOR RENEWALS ONLY – NOT FOR NEW APPLICANTS

NH Reg. #: **PT** _____

Name: _____

Address: _____

City/State/Zip: _____

**Your Registration To Work As A
Pharmacy Technician In NH
Expires March 31, 2015.**
To Keep Your Registration Active & To
Continue Working Uninterrupted As A
Pharmacy Technician In NH,
**You Must Renew No
Later Than 3/31/2015.**

1. GENERAL CONTACT INFORMATION

Home/Cell Phone #:

() -

E-Mail Address (Note: an email must be legibly entered for you to receive your e-license & e-renewal form next year):

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy Where You Are Currently Employed

Date Of Hire As A Pharmacy Technician

(MM/DD/YY) / /

Complete Address Of Pharmacy

Street City/Town State Zip Code

3. INFORMATION ON NATIONAL CERTIFICATION

Are you currently Nationally Certified by PTCB, NHA / ICPT, or ASHP?

☐ Yes *

☐ No **

*** If Yes, and you and your pharmacist-in-charge desire that you be able, and have been adequately prepared/trained, to perform the expanded duties of a NH Certified Technician (per Ph 807.03) then section 4 (below) must be completed by your pharmacist-in-charge and you must attach a copy of your current, non-expired Certificate of National Certification.**

**** If No, then you may skip section 4 of this form (Note: Only Nationally Certified Techs are eligible for optional NH Certification).**

4. STATEMENT FROM PHARMACIST-IN-CHARGE FOR APPLICANTS FOR NH CERTIFIED PHARMACY TECHNICIAN STATUS

I, _____, pharmacist-in-charge of _____
Printed Name of Pharmacist-In-Charge Name & Address of Pharmacy

would like the above technician to be able to perform the expanded duties of a NH Certified Pharmacy Technician per Ph 807.03 and I have verified and confirm to the Board that Pharmacy Technician _____ employed at the above pharmacy is
Printed Name of Pharmacy Technician
qualified and has been provided adequate training to take on the additional duties of a NH Certified Pharmacy Technician as noted in Ph 807.03 and if the above technician's duties include sterile compounding, that the technician has received proper sterile compounding training.

Certified By: _____
Signature of Pharmacist-In-Charge

Date: _____

5. REGISTRATION / LICENSURE AS A PHARMACY TECHNICIAN IN OTHER STATES

Are you now or have you ever been registered or licensed as a pharmacy technician in any other state besides NH?

☐ Yes ☐ No

If yes, indicate which state(s) and whether or not the registration/license is current. _____

6. CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS - ALL QUESTIONS MUST BE ANSWERED.

- A. Since your last renewal, have you ever been convicted, fined, disciplined or had your registration/certification/license revoked for violation of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- B. Are you presently charged with violations of pharmacy-related drug laws/regulations in this or any other state? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- C. Have you ever been convicted of a felony as defined under any state or federal law? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- D. Are you presently charged with the commission of any such felony? ☐ Yes* ☐ No * If Yes, Attach Explanation.
- E. Since your last renewal, have you ever voluntarily surrendered your pharmacy technician registration/license/certificate, for disciplinary reasons, to this or any other state or licensing authority? ☐ Yes* ☐ No * If Yes, Attach Explanation.

***You must explain each yes answer (additional information may be listed on an attached sheet of paper).
For any convictions, a copy of the legal/court documents must be submitted with your application.***

7. APPLICANT'S STATEMENT

I certify that I am the person described and identified in this application; that I have read Ph 800 of the NH Code of Administrative Rules, available online at http://www.nh.gov/pharmacy/documents/ph_800.pdf and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacy technician in the State of New Hampshire.

Signature: _____

Date: _____

INCOMPLETE APPLICATIONS OR APPLICATIONS WITHOUT PAYMENT WILL NOT BE ACCEPTED.

***YOUR 2015-2016 REGISTRATION CERTIFICATE WILL BE MAILED WITHIN
3 WEEKS OF RECEIPT OF YOUR FULLY COMPLETED / PAID APPLICATION.***

***ANY TECHNICIAN WHO HAS NOT RENEWED FOR THE APRIL 1, 2015 – MARCH 31, 2016
REGISTRATION PERIOD MAY NOT WORK AS A PHARMACY TECHNICIAN UNTIL DULY REGISTERED.***